Request for Full/ Partial Surrender
Life Policy

ATHENE®

Athene Annuity & Life Assurance Company
Home Office, West Des Moines, IA 50266

Athene Annuity & Life Assurance Company of New York
Home Office Pearl River NY 10965

1. **INFORMATION ABOUT THE OWNER**

Individual, Trustee or Company Name				
Social Security Number / TIN	Date of Birth (mm/dd/yyyy) / /	Personal Phone ( ) -		
If Trust, list Trust Name and Trust Date		Email Address		
Name of Joint Owner (if applicable)		Social Security Number		
Contract Number(s)		☐ Address Change Requested*		
Mailing Address	City	State	Zip	Country
Street Address (**REQUIRED** if mailing address is a PO Box)	City	State	Zip	Country

* For your protection, confirmation of your address change will be sent to you.

2. **REQUEST FOR FULL/PARTIAL SURRENDER** (please select one)

☐ I/We request a full surrender for the present cash surrender value of the policy, less any fees for this action charged by Athene. I/We hereby surrender all rights and interest under said policy and do hereby release and forever discharge the Company from all liability of every kind of nature thereunder.

☐ I/We request a partial surrender for $_____. Deduct this net amount, plus any applicable surrender charges and fees as defined in the policy, from the policy value. It is expressly represented and warranted that no other person, firm or corporation has any interest in the policy, except the undersigned and that no proceedings for insolvency or bankruptcy have been instituted or are pending against the undersigned. I/We understand that there may be a surrender charge.

IN ACCORDANCE WITH THE POLICY TERMS, I/WE UNDERSTAND THAT A PARTIAL SURRENDER WILL RESULT IN A REDUCTION OF THE FACE AMOUNT, AND ALL OTHER VALUES AND BENEFITS OF THIS POLICY. PLEASE REFER TO YOUR POLICY FOR FURTHER EXPLANATION.

3. **YOUR WITHDRAWAL**

Select where you would like your withdrawal mailed from the options below. The Alternate Address below applies to the OWNER. If this withdrawal is a transfer, send in appropriate transfer paperwork. If no option is selected, a check payable to the Owner will be sent to your address of record by regular mail.

☐ Address of Record

☐ Alternate Address:

Street Address	City	State	Zip Code

☐ EFT **(Full surrenders must be sent via check.)**

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4. **YOUR DIRECT DEPOSIT**

To provide faster access to your money, we will deposit your money directly in your bank account using electronic funds transfer (EFT). ***Weekends and holidays may delay your withdrawal.***

Account Name (as it appears on the account)	Bank Name

Routing Number (Bottom left of check): ☐☐☐☐☐☐☐☐☐

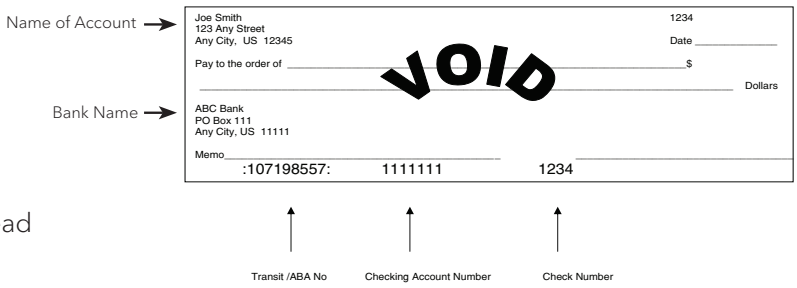
Account Number (Bottom center of check): ☐☐☐☐☐☐☐☐☐☐☐☐

Type of account: (Your name must appear on the account in order to process your request.)

☐ Checking

☐ Savings

Please submit account certification by attaching a voided check or a verification letter on bank letterhead signed by a bank representative.



I acknowledge: (1) this request is to remain in effect until Athene receives written notification of termination in such time and in such manner as to afford Athene and the Depository a reasonable opportunity to act on the notification, (2) the date of transfer is when the funds are removed from my contract, not the date the funds are posted into my bank account (it may take 2-3 business day for funds to transfer).

5. **YOUR TAX WITHHOLDING ELECTION**

Please select from the options below. If you do not select an option we will withhold 10% federal income tax. If federal income tax is withheld we may also be required to withhold state income tax.

☐ Do not withhold federal or state income taxes from my payment

☐ Withhold _____% or $ _____ federal income tax from my payment

☐ Withhold _____% or $ _____ state income tax from my payment

NOTE: Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes on the taxable portion of the withdrawal. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. We recommend you consult your personal tax advisor regarding your specific situation before making this decision.

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6. YOUR CONFIRMATION

IRS CERTIFICATION

Under penalties of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
   (a) I am exempt from backup withholding, or
   (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
   (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Exemption from FATCA reporting code (if any):_____. (FATCA reporting codes can be found in the General Instructions on IRS Form W-9.) If you are only submitting this form for an account you hold in the United States, you may leave this field blank.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Owner's Signature X	Owner's Title (if corporation or trust)	Signature Date (mm/dd/yyyy) / /
Joint Owner's Signature X	Joint Owner Name (please print)	Signature Date (mm/dd/yyyy) / /

If you are signing on behalf of the owner, print your name and provide your signature below and check one of the boxes to indicate the capacity in which you are signing. Provide documentation with the request that verifies your authorization to act on behalf of the owner, if you have not sent this documentation to us previously.

☐ Conservator ☐ Guardian ☐ Power of Attorney ☐ Assignee

Signature X	Signature Date (mm/dd/yyyy) / /
Print Name	

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Important Information About Your Life Insurance Policy

Life insurance is a critical part of a broader financial plan. There are many options available, and you have the right to shop around and seek advice from different financial advisers in order to find the option best suited to your needs.

Because we care about our customers' lives, we become concerned if a customer ever decides to stop their life insurance coverage. You are encouraged to consider the following possible alternatives to requesting a surrender of your life insurance policy, requesting accelerated death benefits under your life insurance policy, or letting your life insurance policy lapse. These alternatives include, but are not limited to:

- **Accelerated Death Benefit*:** Your policy may provide an early or accelerated discounted benefit payment if you have a terminal or chronic illness.
- **Cash Surrender*:** Your policy may have a cash surrender value your life insurer would pay you if you cancel it.
- **Gift*:** You may be able to gift your policy to your beneficiary, who would then assume responsibility for paying premiums.
- **Life Settlement:** You may be able to sell your life insurance policy to a third party for an amount greater than the cash surrender value or accelerated death benefits under your policy. You pay no further premium. The third party becomes the policyholder and receives the benefit upon the insured's death.
- **Life Settlement (Washington Residents Only):** You may be able to sell your life insurance policy to a third party for an amount that, under Washington law must be greater than the cash surrender value or accelerated death benefits under your policy. You pay no further premium. The third party becomes the policyholder and receives the benefit upon the insured's death.
- **Maintain Your Policy:** You may be able to maintain your life insurance policy in force by paying the premiums directly or using your current policy values to pay the premiums.
- **Policy Changes*:** You may be able to reduce or eliminate future premium payments by obtaining a paid-up policy, by reducing optional coverages, or through other options available from your life insurer.
- **Policy Loan*:** You may be able to take out a loan from your life insurance company using the cash value of your policy as collateral. Loan proceeds can be used to pay the premiums or for other purposes.
- **Third-Party Loan*:** You may be able to get a loan from another party to pay your policy's premiums. In return, the lender may require an assignment of a portion or all of the policy's death benefits.

These options may or may not be available depending on your circumstances and the terms of your life insurance policy. Please see your policy or contact your life insurance company, financial advisor, agent or broker to determine your particular options. Ask questions if you don't understand your policy.

Here's a list of commonly used terms:

Accelerated death benefit*: A benefit allowing terminally ill or chronically ill life insurance policyholders to receive cash advances of all or part of the expected death benefit. The accelerated death benefit can be used for health care treatments or any other purpose.

Cash surrender value: This term is also called "cash value," "surrender value," and "policyholder's equity." The amount of cash due to a policyholder who requests the insurance company cancel their life insurance policy before it matures or death occurs. (Term insurance does not have a cash surrender value.)

Expected death benefit: The face amount of the policy, less any policy loan amounts, that the insurance company is expected to pay the beneficiaries named in the life insurance policy upon the death of the insured.

Lapse: Refers to a life insurance policy ending or expiring when a policyholder stops making premium payments.

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*Option not available for term insurance.

Life settlement: Refers to a contract in which the policyholder sells his or her life insurance policy to a third party for a one-time cash payment which is greater than the cash surrender value, but less than the death benefit of the policy. A life settlement includes a viatical settlement, defined below.

Life settlement (Kentucky Residents Only): Refers to a contract in which the policyholder sells his or her life insurance policy to a third party for a one-time cash payment which is greater than the cash surrender value, but less than the death benefit of the policy.

Policy loan: A loan issued by an insurance company using the cash value of a person's life insurance policy as collateral. (Term insurance does not have a loan option.)

Viatical settlement: An arrangement in which someone with a terminal illness sells his or her life insurance policy at an amount less than the death benefit. The ill person receives cash, and the buyer receives the full amount of the death benefit. This death benefit is payable once the former policyholder dies.

This brochure is for informational purposes only and does not constitute an endorsement of any of the options described above.

CALIFORNIA RESIDENTS ONLY: If you are a California resident and have questions about life insurance and your rights, contact the California Department of Insurance at 1-800-927-4357, or go to www.insurance.ca.gov.

FLORIDA RESIDENTS ONLY: If you are a Florida resident and are considering making changes to the status of your policy, you should consult with a licensed insurance or financial advisor. If you have questions about life insurance, contact the Florida Department of Financial Services at 1-877-693-5236, or go to www.fldfs.com.

ILLINOIS RESIDENTS ONLY: If you are an Illinois resident and have questions about life insurance and your rights, contact the Illinois Department of Insurance at 1-800-445-5364, or go to www.insurance.illinois.gov.

KENTUCKY RESIDENTS ONLY: If you are a Kentucky resident and have questions about life insurance and your rights, contact the Department of Insurance at 1-800-595-6053 (in-state only), or go to www.insurance.ky.gov.

MAINE RESIDENTS ONLY: If you are a Maine resident and have questions about life insurance and your rights, contact the Maine Bureau of Insurance at 1-800-300-5000, or go to www.maine.gov/pfr/insurance.

OREGON RESIDENTS ONLY: If you are an Oregon resident, please contact the Oregon Insurance Division for further information. Visit the website at http://www.insurance.oregon.gov, or call an advocate at 888-877-4894 or 503-947-7984.

WASHINGTON RESIDENTS ONLY: If you are a Washington resident and have questions about life insurance and your rights, contact the Office of the Insurance Commissioner at 1-800-562-6900, or go to www.insurance.wa.gov.

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